

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL No.  
**09/599,152**  
APPLICANT(S)

FILING DATE

**4-8-04**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2		/				
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49	/	/				
50	/	/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/				
52		/				
53		/				
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55		/				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDNDMENTS